

# **Exhibit 44**

## **Nicole Scavella Statement**

# **DYNAMIC** SECURITY, INC.

Over 70 Years of Quality Protective Services

## STATEMENT FORM

Name of Person Making Statement: Niccole Scavella

Address: 5510 Wares Ferry Rd.  
Mont., AL 36117

Primary Phone: 334-395-7100 E-mail: nscavella@dynamicsecurity.org

STATEMENT: Ms. Key, was told on two  
separate occasions that when a  
first shift become available she would  
be notified. Ms. Key, was offered  
positions on all currently available  
posts but, said that she could  
only work first shift. These conver-  
sations occurred on August 8<sup>th</sup>, 2017  
and I personally spoke with Ms.  
Key on August 11<sup>th</sup>, 2017 when she  
came in the office on an unrelated  
matter.

I hereby declare that the above statement is true to the best of my knowledge and belief.

SIGNED: N. Scavella DATE/TIME: 8-14-2017  
4:01 pm

Continue on Back if Needed